



BOARD OF STATE EXAMINERS OF PLUMBERS AND GASFITTERS
239 Causeway Street ☐ Boston, Massachusetts 02114
617-727-9952

Forms available at <http://www.state.ma.us/reg/boards/pl/forms.htm>

Application for Elevated Gas Pressure Review

Must submit \$75 each application - Make check payable to: Comm. of MA

Gas Inspector for the City of _____

Company/ Name _____

Street/City/Zip _____

Signature/Title _____ Telephone _____

on this date: _____ has requested an elevated gas pressure system at: _____

for the following reason(s). _____

The manufacturer certifies that the equipment described here: _____

has a gas input rating of _____ ft. 3/hr. and requires a gas pressure of _____ (inches/lbs.) Low pressure installation design for total connected load of _____ ft. 3/hr. requires an IPS pipe size of _____. Elevated gas pressure of _____ (inches/lbs.) will allow for an IPS pipe size of _____.

Please submit total developed or equivalent length of piping to the most remote area with this application.
NOTE: Piping Plans Stamped By A Mass P.E. Must Be Submitted With This Application.

The serving gas supplier, _____

represented by (Signature / Title) _____

on this date _____ affirms that it can supply _____ (inches/lbs.) of gas pressure and _____

ft. 3/hr . at the outlet of the meter set assembly.

PLEASE MAIL APPROVAL TO: _____
(print clearly)

The variance request from the Massachusetts Fuel Gas Code, Article 1.1.1.a.3. (as amended) is hereby granted/denied for elevated gas pressure of _____ (inches/lbs.) Any additions or alterations to the system are not permissible without the prior written approval of the State Board of Examiners of Plumbers and Gasfitters.

A completed copy of this variance request shall be filed by the applicant with the local gas inspector before the start of any work.

Executive Secretary for the Board

Date: _____

elevgas